

Retail Proposal Form



INTRODUCTORY STATEMENT:

You must answer all questions accurately and completely. You must provide us with all further information we request and any other information of which we should be made aware.

Client Details

Do you currently hold this Risk?

Proposer/Company Name

Trading Name(s)

What is the renewal or expected start date of this policy

Correspondence Address

Trade

Property Details

Is the insured address the same as the correspondence address?

Yes / No

Risk Address

How many full years have you been trading at these premises

Is the premises self contained with its own lockable entrance door?

Yes / No

If the above answer is No: Please provide details in the space below

Do the premises contain a workshop?

Yes / No

If the above answer is Yes: Percentage of total floor area occupied by workshop

Construction of the Floor?

Concrete

Wood

Other

Is the premises built entirely of brick, stone or concrete and composed only of non-combustible materials?

Yes / No

If the above answer is No: Please provide details of the construction in the space below

Is the premises roofed entirely with slates, tiles, concrete or metal, and composed only of non-combustible materials?

Yes / No

If the above answer is No: Please provide details of the construction of the roof in the space below

Is the property in a good state of repair?

Yes / No

NB: A property in a good state of repair is fit for human habitation in accordance with all health codes. Everything operates as it should and the property is clean and well maintained inside and out. There is no wasting or neglect of the property going on. one without structural problems. Your property is not considered to be in a good state of repair if it has dry rot, rot or infestation requiring timber or window replacement, damp, roof or chimney stack damage, faulty wiring or incomplete construction.

If the above answer is No: Please provide details in the space below

What percentage of the overall roof is constructed of flat felt on timber?

Does the premises contain an ATM?

Yes / No

Actual Value of ATM equipment

£

Is the ATM an external 'hole in the wall' type for 24 hour use?

Yes / No

Is the premises Free from and in an area which is free from any signs of subsidence, heave or landslip both now and in the past.

Yes / No

If the above answer is No: Please provide details in the space below

Is the premises in an area which is free from flooding and at least 250 metres away from the nearest lake, river, canal or tidal waters.

Yes / No

If the above answer is No: Please provide details in the space below

Is the building listed?

Security

Is the premises fully occupied solely by the business?

Yes / No

If the above answer is No: Please provide additional information in respect of the occupancy

Is the premises ever vacant for more than 14 consecutive days at a time?

Yes / No

If the above answer is Yes: Please provide additional information in respect of the above

Is the premises occupied over night ie. Proposer/Manager living above, 24hr Security.

Yes / No

If the above answer is Yes: Please provide additional information in respect of overnight Security

Is the premises situated in a modern enclosed shopping centre?

Yes / No

Is the premises protected by any of the following:

Fire Alarm

Yes / No

Sprinkler Installation

Yes / No

Do you have a CCTV system present and monitoring the premises?

Yes / No

If the above answer is Yes, please indicate which system:

Live Monitors - 24 hours

Live Monitors - Day only

Live Monitors - Night only

Recorded only - 24 hours

Recorded only - Day only

Recorded only - Night only

Other

Intruder Alarm - Please indicate the Intruder alarm signalling method

No Alarm

Audible

Central Station Dial-up Line

Central Station Direct Line

Digital Communication (Digi-Com)

Digital Dialer

DualCom

DualCom Plus

High Decibel Internal Sounder

Line to Site Security Office

PAKNET

Police Direct Line

REDCARE

REDCARE Assure

Redcare GSM

Visual

Grilles, bars or shutters fitted to a shop front and all ground floor windows?

Yes / No

Are all external doors at the premises and any internal doors leading to other premises secured by mortise deadlocks and box striking plates which conform to current British Standard 3621 specification? Any door or window officially designated a fire exit by the fire authority is excluded from this condition.

Yes / No

If the above answer is No: Please provide details of locks protecting the final exit doors

Are all accessible windows and all fanlights and skylights fitted with key operated locks or screwed shut?

Yes / No

If the above answer is No: Please provide details of the security protecting accessible windows, fanlights and skylights.

The Business

Do you or any of your employees engage in the application of heat (other than catering) either on or away from your business premises

Yes / No

If the above answer is Yes: Please provide details of the type and amount of heat work carried out

Do you or any of your employees handle, transport or work with any of the following: Radioactive substances or devices, explosives, asbestos, silica, toxic or hazardous chemicals, materials giving rise to dust or fumes, lifts, cranes, Hoists,

Yes / No

If the above answer is Yes: Please provide details of any work involving the materials or processes above

Do you require cover for treatments?

Yes / No

If the above answer is Yes: How many operatives will be providing treatments?

Is any part of the premises subject to any contract with or let to students, any government department, local authority, housing association or other similar organisation, any person who is seeking but has not yet been granted asylum in the UK or, any person where the premises or any identifiable person thereof will be solely occupied by the above and do you offer leases under 6 months?

Yes / No

If the above answer is Yes: Please provide details

Interested Parties

Please give details of any Interest Parties to be noted against this premises:

Sums Insured

Buildings (Total estimated rebuild cost)	£ <input type="text"/>
Include Subsidence Cover?	£ <input type="text"/>
Tenants Improvements	£ <input type="text"/>
Electronic Business Equipment (including computers)	£ <input type="text"/>
Any other Contents	£ <input type="text"/>
General Stock	£ <input type="text"/>
Target / High Value Stock (In addition to general stock)	£ <input type="text"/>
Stock of Tobacco	£ <input type="text"/>
Material Damage and BI Total Exposure	£ <input type="text"/>

Additional Package Benefits

Is theft cover required?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Loss of Licence (12 months indemnity)	£ <input type="text"/>
Business Interruption (Loss of Gross Profit)	£ <input type="text"/>
Please state the Business Interruption Indemnity Period required	
12 Months	<input type="text"/>
24 Months	<input type="text"/>
Outstanding Debit Balances	£ <input type="text"/>
ANNUAL Loss of Rent (Payable/Receivable)	£ <input type="text"/>
Please state the Loss of Rent Indemnity Period required	
12 Months	<input type="text"/>

24 Months	<input type="text"/>
36 Months	<input type="text"/>
Please state the loss of rent indemnity period required	
Money in premises during business hours, in bank night safe or in transit	
Money in safe outside of business hours	
Please provide Make and Model of the Safe:	
Glass and Fixed Signs	
Stock in Transit (Limit any one transit)	
Deterioration of Stock (Frozen Food or Chilled/Refrigerated Stock)	

Cover away from premises

Item	Location (UK/Europe/Worldwide)	Sum Insured
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you require cover for terrorism?

Yes / No

Do you require cover for personal accident?
Please provide details below of all employees to be covered under the personal accident section

<input type="text"/>

Do you require cover for Fidelity?

Yes / No

Do you require cover for Terrorism?

Yes / No

Liabilities

Do you require Employers Liability (£10,000,000 limit)

Yes / No

What is the company's Employers Reference Number (ERN)? Please enter "exempt" if this is not applicable

<input type="text"/>

Public/Products Liability limit required (£1m/£2m/£5m/£10m)

£

Is there any work away from the premises other than collection and delivery?

Yes / No

What is your estimated annual Turnover? £

Wage-roll - Staff working away from your premises £

Wage-roll - Staff working at your premises £

Claims

Have you or any of your Partners or Directors in connection with any business which you/ they have been involved had any losses whether insured or not or had any claims made against you? Yes / No

If the above answer is Yes: Please provide details of all claims below, including: Type of Loss, Date of Loss, Amount of Loss, Claim Status and Claim Details

Statement of Fact

Have you or any individual involved in the business of the Proposer/Insured in a capacity listed in A. to E. below, being:

- A. director;**
- B. business partner;**
- C. a family member;**
- D. an individual providing working capital or loan guarantees to this business; and**
- E. anyone else who plays a significant role in making decisions about how the Proposer/Insured is to be managed or organised;**

whether in relation to the business of the Proposer/Insured or any previous business or any other business in which you or they have been involved in any of the capacities listed in A. to E. above or in a personal capacity ever:-

been declared bankrupt or are the subject of any current bankruptcy proceedings? Yes / No

been disqualified from being a Company Director? Yes / No

had any County Court Judgment(s) (CCJ) or Sheriffs Court Decrees entered against you or them, or been involved in a company against which such judgements have been entered? Yes / No

been convicted or have any prosecution pending or been given an official police caution in respect of any criminal offence other than motoring offences and any offences which are spent under the Rehabilitation of Offenders Act 1974, or been involved in a company subject to such a conviction, prosecution or caution?

Yes / No

been charged with or convicted of, or been involved in a company charged with or convicted of, a breach of the Health and Safety at Work Act or other legislation relating to employee safety and safe working practices, or been served with, or been involved with a company served with, an improvement order or a prohibition notice under such legislation?

Yes / No

had any insurance proposal declined, renewal refused, had any special or increased terms applied, had insurance cancelled midterm by Underwriters, had a policy declared void or claim repudiated?

Yes / No

been party to, or involved in a company which was party to, a Company Voluntary Arrangement (CVA)?

Yes / No

been subject to a recovery action or fines exceeding £25,000 by HM Revenue & Customs, or been involved in a company subject to such a recovery action or fines?

Yes / No

If you have answered YES to any question above, please provide additional information

Additional Notes

I confirm that I have answered the questions above accurately and completely to the best of my knowledge, information and belief.

I understand that if I do not tell you about changes or have provided incorrect information, the wrong terms and conditions may have been quoted and you may be entitled to:

- reject payment of a claim or a payment could be reduced, or
- revise the premium and/or change any excess, or
- revise the extent of cover or terms of this insurance.

In some circumstances your policy might be invalid, and you may not be entitled to a refund of premium

Signature

Print name

Date

Please complete and sign this form and send it back to your Insurance Broker

